PLACE OF BIRTH	ARIZONA STATE	BOARD OF HEALTH
District of Slove	BUREAU OF VITAL STATIS	State winest 140
	ORIGINAL CERTIFICATE OF	BIRTH Co. Register No. 5 6
or V(,), /		Local Registrar's No
City of JUHU	(No	St;
FULL NAME OF CHILD		(Page) VEG
If child is not named, make Supplementa	l Report on blank obtainable from Id	ocal registrar. Alive (SED -
Sex Peruale Twin, Triplet or other	and Number Legition of birth mate:	Date of Jan. 26, 1914
Full FATHER Name	Full Maiden Name	MOTHER (Month) (Day) (Yr.)
Residence Globe- anis	Residence	Glob- ani
Color or Race Age at last Birthday.	Color or Race	Age at last 24 Birthday (Years)
Birthplace Mexico.	Birthplace	(Years)
Occupation	Occupation	ing on a
dahorer		msew le
Number of child of this mother	, of this mother, now living	tions taken against Ophthalmia neonatorum 1900.
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*		
I hereby certify that I attended the birth of above child; and that it assumed the life of the control of the c		
en there is no attending physi- classer midwife, then the householder should make this return.	(Signature)	Frank Sohniel
Given or christian name added from a		nding physician, midwife, householder.*)
supplemental report191	Address	0.00
•	Filed / 30 1914	1822
COUNTY REGISTRAR.	Filed 191 True Copy	8300
		COUNTY REGISTRAR.

Ine number of each local Registrar within 5 days after birth.